

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No. **09/856 916** Filing Date _____

Applicant(s) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2		1	1			
3	2		1			
4	4		1			
5	5		1			
6	6		1			
7	9		1			
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TOTAL IND.		1	1			

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TOTAL		1	1					